



ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

TXD 98 114 6582

INSTALLATION ADDRESS

Gillman Mitsubishi North Inc.
505 Rankin Road
Houston, Tx. 77090

505 Rankin Road
Houston, Tx. 77090

10/31/85

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
19 - 24	19 - 24	25 - 30	25 - 30	25 - 30	25 - 30
7	8	9	10	11	12
31 - 36	31 - 36	37 - 42	37 - 42	37 - 42	37 - 42

12	14	16	18	17	16
23 - 24	23 - 24	23 - 24	22 - 23	22 - 23	23 - 24
19	20	21	22	23	24
25 - 26	25 - 26	25 - 26	25 - 26	25 - 26	25 - 26
28	26	27	28	29	30
29 - 30	29 - 30	29 - 30	29 - 30	29 - 30	29 - 30

31	32	33	34	35	36
31	32	33	34	35	36
37	38	39	40	41	42
37	38	39	40	41	42
43	44	45	46	47	48
43	44	45	46	47	48
49	50	51	52	53	54
49	50	51	52	53	54

60				80				91				92				93				94			
73	-	70		83	-	80		93	-	90		93	-	90		93	-	90		93	-	90	

☐ 4. TOXIC
(D000)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED _____

EPA Form 8700-12 (6-80) REVERSE

ERNEST D. GOZMAN GEN. MGR.

DATA CHANGES

NOV 7/8/88

EPA IDENTIFICATION NUMBER/C101=12

TWC #/C116=6

PREPARER

R.F.

DATE

5-24-88

Facility Name/C104=40

Mailing Address/C106=30

GILMAN Mi + Subs Hi

County/C114=3

City/C107=25

ST/C108=2

Zip/C109=5

Facility Contact Person/C105=30

Ownership Code/C102

Location Address/C110=30

ST Dist/C115=2

City/C111=25

ST/C12=2

Zip/C113=5

Owner's Name/C1503=40

GEN TRN TSD UIC

C1105

C305

Other

Other

Telephone/C113=10

Waste Codes to be added/C2701

C =

C =

Waste Codes to be deleted/C2701

Process Codes- Add - Delete - Change

C1801=3

C1802=13

C1803=1 C1804=1

C1801=3

C1802=13

C1803=1 C1804=1

C1801=3

C1802=13

C1803=1 C1804=1

Other Coding as necessary

Entered by:

RF

Date Entered:

6-2-88

QC:

6-6-88

File Code: